Idaho Department of Health and Welfare

Idaho Disease
Bulletin

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Flu season already??!!

October 4, 1998, was the beginning of the 1998-1999 flu season. October 1999 is right around the corner so it's time, once again, to think about influenza.

For the last few summers, a number of early cases of influenza were documented in Alaska prior to October. This year was no exception, with four hundred twenty eight (428) cruise-ship tourists experiencing acute respiratory illness during May and June of 1999 after visiting Alaska and the Yukon Territory. Influenza A was the implicated etiologic agent. A tour bus returning from Alaska with documented influenza A cases stopped in Idaho this month and may have already spread the disease.

Influenza is not officially reportable in Idaho, however, we do keep track of circulating isolate types and general trends with the help of sentinel physicians.

Influenza Viruses Tested During 1998-1999 Season

Nationwide: 12,993
Influenza A= 77% (10,041)
(99%, H3N2, 1% H1N1)
Influenza B=23% (2952)

Idaho: 77
Influenza A = (96.1%) 74
All isolates tested were H3N2
Influenza B = (3.9%) 3

PLEASE READ

The Centers for Disease Control and Prevention (CDC) is offering an opportunity for Idaho physicians to become CDC Influenza Sentinels. As a sentinel during the 1999-2000 flu season, physicians are given information that will allow them to report the total number of patients seen each week and, of those, the number and ages of patients with symptoms consistent with influenza infection.
If you would like to find out more information about participating, please call Colleen Greenwalt at the Idaho Bureau of Laboratories at 208-334-2235x229.

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The virus

Influenza A viruses are classified into subtypes on the basis of the variable surface antigens: hemagglutinin (H1, H2, or H3) and neuraminidase (N1 or N2). Influenza B viruses are more antigenically stable than influenza A viruses but still can vary.

Circulating strains

Of the H3N2 isolates antigenically characterized at CDC during the 1998-99 flu season, 90% were similar to the 1998-1999 (H3N2) vaccine strain, A/Sydney/5/97, while the remaining 10% had antigenically drifted from the A/Syndney/5/97strain based on hemagglutination inhibition testing. All B isolates tested matched the vaccine strain, B/Beijing/184/93.

1999-2000 Vaccine

The Food and Drug Administration's Vaccines and Related Biologic Products Advisory Committee (VRBPAC) recommended that the 1999-2000 trivalent vaccine for the United States contain A/Sydney/5/97-like(H3N2), A/Beijing/262/95-like(H1N1), and B/Beijing/184/93-like viruses. This recommendation was based on antigenic analyses of recently isolated influenza viruses, epidemiologic data, and postvaccination serologic studies.

Deaths attributable to influenza

Deaths in Idaho attributed to influenza are shown in figure 1, typically peaking in February and March. (See next page.)

Pandemic Planning

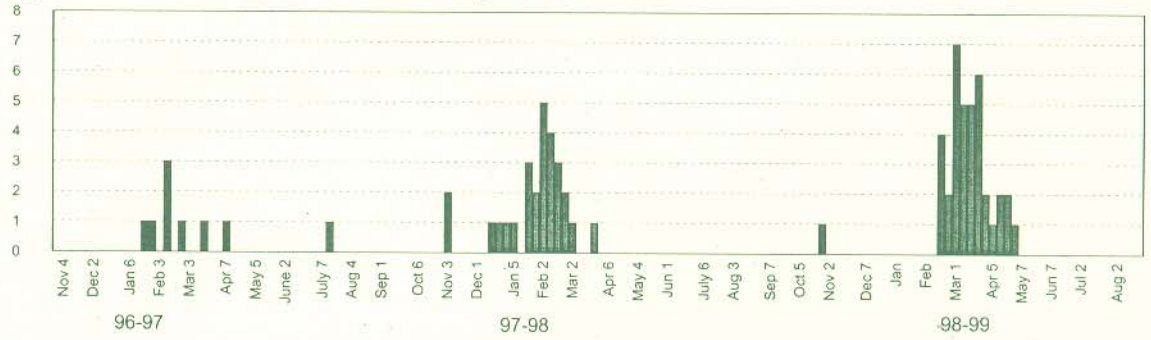
CDC has developed plans to detect and respond to the next influenza pandemic. Influenza pandemics have occurred three times in the 20th century: 1918 (*the Spanish Lady*), 1957, and 1968. It was estimated that over 20 million people died during the 1918 flu pandemic. Experts predict that we have not seen the last of these devastating worldwide outbreaks. It is hoped that pre-pandemic planning should help minimize morbidity, mortality, and social disruption. At this time, much of what will define the impact of the next flu pandemic remains unknown. The Idaho Division of Health has increased its surveillance activities for influenza in the past few years as part of the effort to be better prepared should a pandemic occur.

References

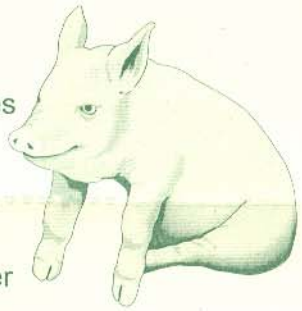
MMWR July 02, 1999/48(25);545-546,555 Outbreak of Influenza A infection among travelers -- Alaska and the Yukon Territory, May-June 1999

Update: Influenza Activity -- United States and Worldwide, 1998-99 Season and Composition of the 1999-2000 Influenza Vaccine. May 14, 1999/48(18);374-378

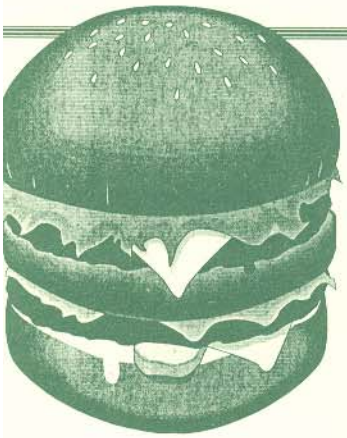
Figure 1: Influenza Deaths in Idaho by Month



Pig Ears Implicated in Salmonellosis cases



Several Canadian provinces have recently reported sixteen human cases of *Salmonella infantis* linked to handling (and presumably not chewing on) the pig ears used for dog treats. Several manufacturers have been considered as sources (the investigation is ongoing) and although no human cases have been identified in the U.S. to date, the products are known to be distributed here. Hand washing is advised after handling such treats. It is recommended that high risk individuals such as children, the elderly, and the immunocompromised avoid handling the treats altogether. For all *S. infantis* cases, CDC encourages physicians to question patients about pig-ear exposure.



State Laboratory Offers Testing for Non-O157 *E. coli*

Since 1982, infection with toxigenic O157:H7 *E. coli* has been recognized to cause serious clinical illness, often in outbreak settings, including debilitating hemorrhagic diarrhea, hemolytic uremic syndrome (HUS), and death. What is not so well recognized is that other toxigenic *E. coli* serotypes are responsible for the identical clinical syndrome. The lack of recognition is, in part, because the microorganisms have different growth characteristics than the toxigenic O157:H7 *E. coli* in the laboratory and are often missed by routine screening methods. Because of these testing difficulties the etiology of many diarrheal illnesses and HUS cases remain unclear. The State Laboratory has the ability to test for the other toxigenic *E. coli* serotypes and their toxins and encourages physicians and laboratories to submit stool samples for work-up. Call Fritz Brown at the State Laboratory for more information, 208-334-2235 ext. 244.

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